## **MONROE COUNTY**

## JOB DESCRIPTION

Position Title: Assistant - Employee Benefits

Date: May 2, 2005

Position Level: 6 FLSA Status: Non-Exempt Class Code:

## **GENERAL DESCRIPTION**

Maintains and processes all premiums paid to the County for dependent coverage, all retirees and surviving spouses and COBRA. Performs weekly certifications of payment registers for TPA & PBM. Assists and performs the duties of the Insurance Specialist position as directed.

## **KEY RESPONSIBILITIES**

- 1. Handle all incoming and outgoing mail including courier mail. Picks up daily and opens, dates, sorts and distributes mail.
- 2. \*Certify TPA and PBM payment registers.
- 3. Process and maintain records for paid insurance premiums.
- 4. \*Process changes of name, address, title on timely basis.
- 5. Responsible for insurance termination process (except for termination COBRA letter).
- 6. \*Prepare new employee packets.
- 7. \*Initiate new enrollment COBRA notices.
- 8. Maintain and process payments for retiree's dependent premium and COBRA payments. Send delinquent notices.
- 9. Handle ID requests (prescription and insurance).
- 10. Maintain office and copy supplies as needed. Maintain copier.
- 11. Responsible for all office Filing.
- 12. Assist with phone calls and walk-in.
- 13. \*Assist in special assignments (i.e. open enrollments, mass mailings, scheduling health fairs, etc.)
- 14. \*Performs as back-up to the Insurance Specialist position and performs those duties as directed on an as needed basis.
- \* Indicates an "essential" job function.

The information on this description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to this job.

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|---|-------------|-------------------|
| Position Title: Assistant – Employee Benefits | Class Code: |                   |
| payed Bellette                                | Class Code: | Position Level: 6 |
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| KEY JOB REQUIREMENTS                    |  |  |  |
|---|--|--|--|
| Education:                              | High School Diploma or GED required.   |  |  |
| Experience:                             | 2 -3 years minimum amount of prior related work experience   |  |  |
| Impact of Actions:                      | Makes recommendations or decisions which usually affect the assigned department, but may at times affect operations, services, individuals or activities of others outside of the assigned department.   |  |  |
| Complexity:                             | Basic: Work consists of moderately complex procedures and tasks where basic analytic ability is required. Work may involve the comparison of numbers, selection of appropriate guidelines and procedures, or identification of appropriate actions to follow. Answers are usually found by selecting from specific choices defined in work policies or procedures.   |  |  |
| Decision Making:                        | Varied: Supervision is present to establish general objectives relative to a specific project, to outline the desired end product and to identify potential resources for assistance,. Independent judgment is required to identify, select, and apply the most appropriate of available guidelines and procedures, interpret precedents, and adapt standard methods or practices to meet variations in facts and/or conditions. |  |  |
| Communication with Others:              | Requires regular contact within the department and with other departments, outside agencies or the general public, supplying or seeking information.   |  |  |
| Managerial Skills:                      | Involves no responsibility or authority for the direct of others.  |  |  |
| Working Conditions/<br>Physical Effort: | Typically sitting at a desk or table; Intermittently sitting, standing, stooping. Lift lifting or carrying 25 lbs. or less.  |  |  |
| Other:                                  | Required Valid Florida Driver's License  |  |  |
| APPROVALS                               |  |  |  |

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| APPROVALS   |            |       |  |  |
| Department Head:  |            |       |  |  |
| Name:   | Signature: | Date: |  |  |
| Division Director:  |            |       |  |  |
| Name:   | Signature: | Date: |  |  |
| County Administrator:   |            |       |  |  |
| Name:   | Signature: |       |  |  |
|   |            |       |  |  |
| On this date I have received a copy of my job description relating to my employment with Monroe County. |            |       |  |  |
| Name:   | Signature: | Date: |  |  |